



STATE OF CONNECTICUT General Assembly

Committee on Legislative Staff Internships
Legislative Office Building, Room 5150
Hartford, CT 06106

Date_____

Time_____

For Committee Use Only

Candidate Application (please print)

Name: _____ Social Security # _____

Your Address and Telephone # at School:(only if you are not living at home)

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Telephone Number () _____

Your Address and Telephone # at Home:

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Telephone Number () _____

E-mail Address _____

College Attending This Semester _____

Degree Sought _____ What is your Major? _____

Freshman _____ Sophomore _____ Junior _____ Senior _____

Graduate _____ Other _____

Grade Point Average or Grade:

Overall _____

For Major Field _____

Applying For: _____ Full-Time Internship (5 days/week)
_____ Part-Time Internship (Tues. and Thurs.)
_____ Other (Please specify) _____

Number of academic credits you will receive for Internship: _____

What academic courses have you taken that have prepared you for a Legislative Internship Program?

_____	_____
_____	_____
_____	_____

Have you ever been convicted of a crime? _____ If yes, please explain (use additional sheet if nec.)

(This application must be submitted to the program by the campus advisor not by email)

I would evaluate the applicant's potential as an intern to be:
 Outstanding _____ Very Good _____ Good _____ Fair _____

Comments: (use additional sheets if necessary)

Title _____